

Ernest Addison

Town Mitchellville County

Prince George MARYLAND

Died at

Date 189 2 Month June Day 26 Y. 1 M. 7 D. Native of Ind Occupation ---

Male White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ Divorced ~~Number of children living~~

Husband
of
WifeFather's
Name

Sam'l Addison

Mother's
Name

Carrie Harrison

Cause of Death { Primary Passive Congestion Brain How long sick one year

Death { Immediate Accident, Suicide, Homicide

Reported by

John Peachum D

Address

Mitchellville Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Clara Alley

Town

County

MARYLAND

Died at

Oak Grove

v. Geo

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

June 20

Age

1

Md

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Chas Allen

Jackson

Cause of

Primary

Don't know

How long sick

1 wk

Death

Immediate

Don't know

Accident, Suicide, Homicide

Reported by

Chas Allen =

151

Address

Oak

Grove. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

I am satisfied
that the statement
made by Chas
Allen - are
correct

L. G.
C.

Harry Barten

Town

County

Died at

Bowie

Prince George

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

June 28

Age

28

Male

~~Female~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~

Number of children living 0

Husband
of

Wife

Father's

Name

Washington Watson

Mother's

Maiden Name

Lavinia Barten

Cause of

Primary

Gun Shot

How long sick

Sudden

Death

Immediate

Wound of Head

~~Accident, Suicide, Homicide~~

Reported by

William A. Betts J.P.

Address

Bowie, Prince George's Co., Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Ernest Raymond Bates

Town

County

Died at

Hyattsville

Prince Georges

MARYLAND

Date 19

June 20

Age

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Cholera infantum

Death

Immediate

How long sick

12 days

Accident, Suicide, Homicide

Reported by

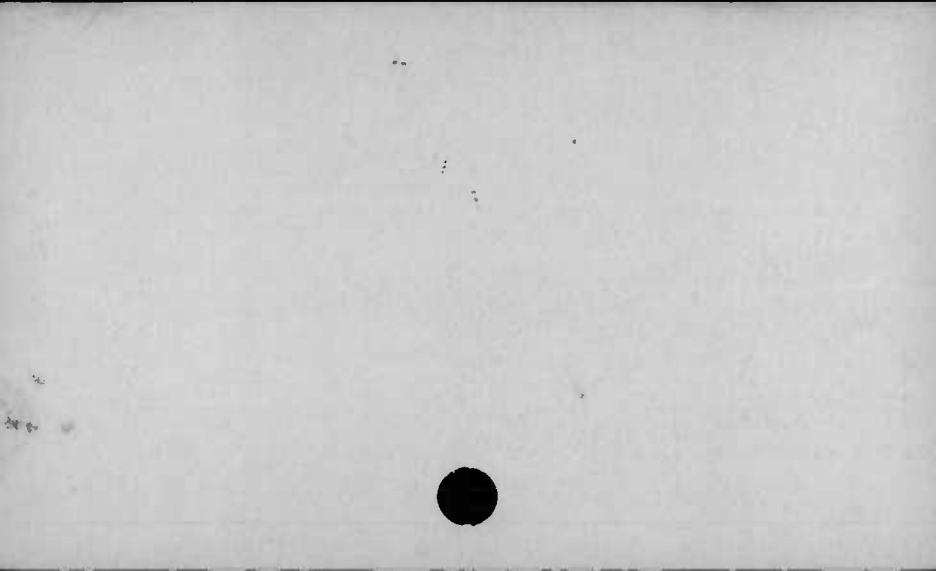
Charles W. Bates

Address

Hyattsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

Died at *Marebow* Town *Bennett* County *Ar Geo* MARYLAND
 Date 19*02* Month *June* Day *27* Age *- 2 -* Y. M. D. Native of *md* Occupation *-*
 Male *White* Married *X* Widowed *X* Divorced *-*
~~Female~~ ~~Colored~~ Single *X* Widower *X* Number of children living *-*

Husband of
Wife

Father's Name *James Bennett* Mother's Name *Meidman*
 Maiden Name *Meidman*

Cause of Death { Primary *Cholera Infantum* How long sick *10 days*
 Immediate { Accident, Suicide, Homicide

Reported by

Address

D L A Griffith 105
Upper *Marebow Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Henry Berry

Town

County

MARYLAND

Died at Brandywine

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

June 9

Age 18 months

Md

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Male Colored

~~Single~~~~Widower~~

Number of children living

Husband of Has none

Wife
 Father's Name Don't know

Mother's

Annie Berry

Maiden Name

Cause of Primary

Tuberculosis

How long sick

18 mo

Death Immediate

Inanition

Accident, Suicide, Homicide

Reported by

J M B Latimer (Md)

Address

Brandywine Po Geo. Co., Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Beulah Boone

Town

County

Died at *Shaw House**P. G.*

MARYLAND

Date 1902 June 16

Month

Day

Y.

M.

D.

Age

65

Native of

Occupation

*Ind**Farmer*~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

unknown

Mother's

Maiden Name

unknown

Cause of

Primary

bed sores

How long sick

6 weeks

Death

Immediate

of bed sores

Accident, Suicide, Homicide

Reported by

J. F. Wainwright

Address

Clinton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

Samuel Roland Bryant

Town

County

Died at

Bertie

Somerset George Co

MARYLAND

Date 1902 June 3

Month

Day

Y.

M.

D.

Native of

Occupation

Age about 18 yrs

Mainland

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

J. W. Bryant

Mother's

Maiden Name

Agnes Watts

Cause of

Primary

Mortal disease of Phthisis or

How long sick

Death

Immediate

Phthisis Pulmonalis

Accident, Suicide, Homicide

Reported by

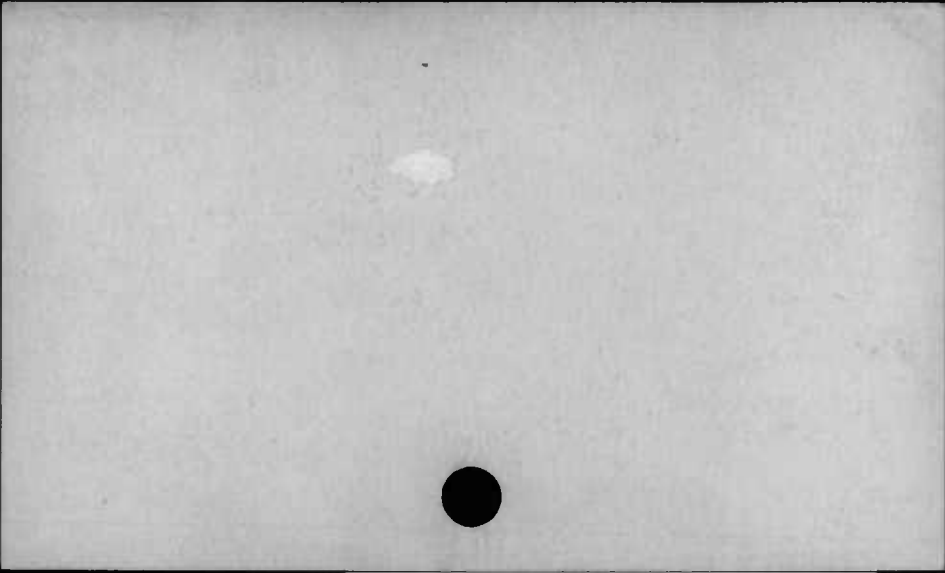
W. D. Emerson M.D.

Address

College Park Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7980*



Gabriel C. Butler

Town

County

Died at

Halls

Prince Georges

MARYLAND

Date 1902

June 8

Age 58

Native of

Ind.

Occupation

Farmer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

2

Husband
of

Kate Suit

Wife

Father's

Name

Wm. Butler

Mother's

Maiden Name

Rebecca Crandall

Cause of

Primary

Consumption

How long sick

3 years

Death

Immediate

Hemorrhage 2

Accident, Suicide, Homicide

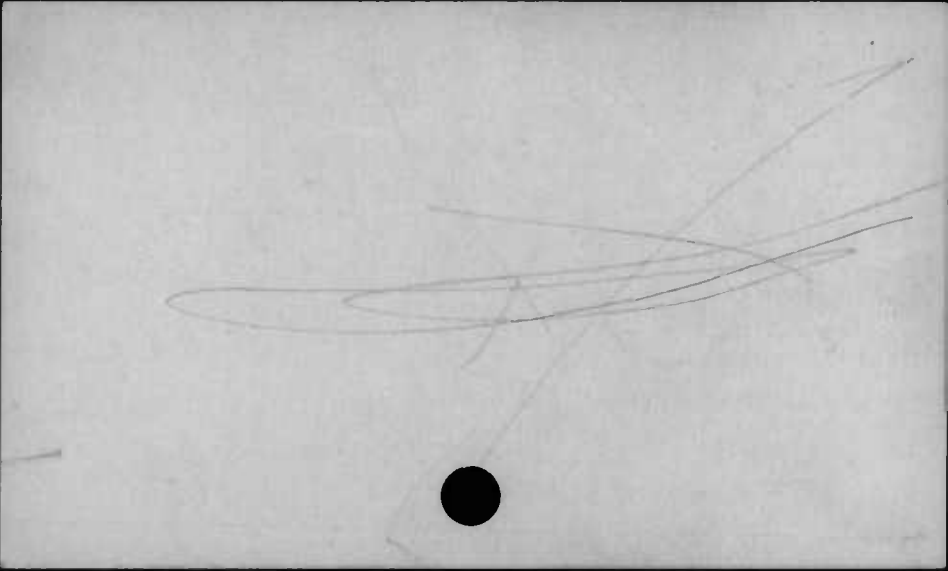
Reported by

Benj^r. L. Beria M.D.

Address

Leland P. O. Co. Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date 1902

Male

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Female

Colored

Single

Widower

Number of children living

Female

White

Married

Widow

Divorced

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

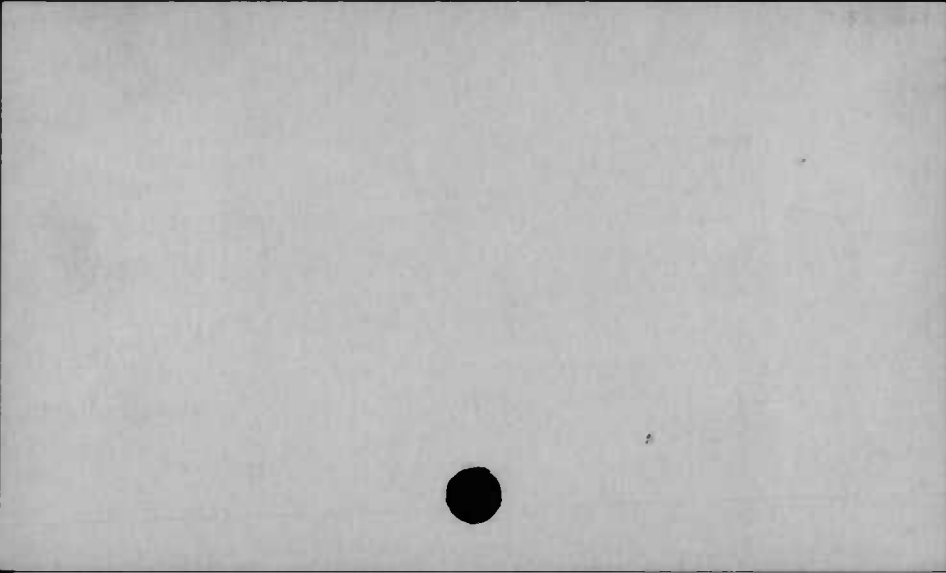
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 66068



Name In Full

S. Bernard Crauford =

Town

County

MARYLAND

Died at

Marlboro B Geo

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

June 3

Age

24

Md

Carpenter

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living 0

Husband

of

~~Wife~~

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Henrietta Dent.

Died at *Brandywine* Town *Prince Georges* County *MARYLAND*

Date 1902 *6* Month *13* Day Age *66* Y. *—* M. *—* D. *—* Native of *Md.* Occupation *House wife*

Male *White* *Married* *Widow* *Divorced*
Female *Colored* *Single* *Widower* Number of children living *4*

Husband of *divorced wife of Rody Dent.*

Father's Name *John Porter.* Mother's Maiden Name *not known.*

Cause of Death { Primary *Heart failure* Immediate *Heart failure* How long sick *2 hours*

Accident, Suicide, Homicide

Reported by *Joseph W. Pawling Undertaker*

Address *North Key Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Edwin Clarkson Fowler

Town

County

Died at Riverdale

Prince George

MARYLAND

Date 1902 June 12 Age 64-11-12

Male ☒

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of Elizabeth Wells Fowler

Wife

Father's

Mother's

Name

Maiden Name

Cause of Primary

Bright's Disease

How long sick

one year

Death Immediate

Chronic Poisoning

Accident, Suicide, Homicide

Reported by

Charles W. H. H.

Address

Myrtle Hill - No

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Charley Hawkins

Town

County

Died at

T.B.

Prager

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

6 - 5

Age

19 - -

7218

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

George Hawkins

Mother's

Maiden Name

Lucy Spencart

Cause of

Primary

T.B. Tuberculosis

How long sick

2 Wks.

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

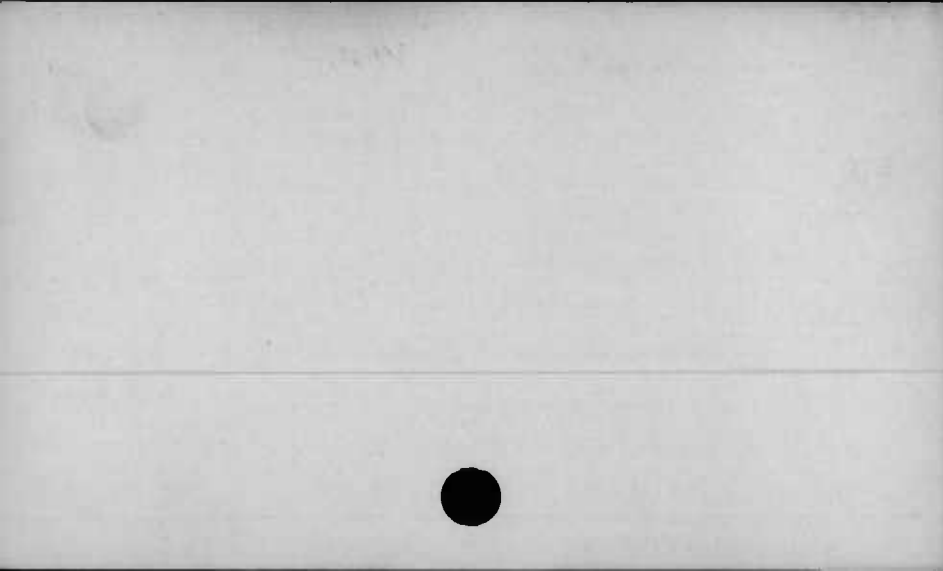
John A. Coe M.D.

Address

T.B. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Henry Johnson

Died at ^{Town} Rockyville P.O. ^{County}

MARYLAND

Date 1902 June 23^d Month Day Y. M. D. Age 78 Native of Ind Occupation Farmer

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~
 Female Colored Single ~~Widower~~ Number of children living 4

Husband of Hannah Boone 79

Father's Name Unknown Mother's Maiden Name Unknown

Cause of Death { Primary Valvular insufficiency Immediate Heart failure How long sick 18 mo
 Accident, Suicide, Homicide

Reported by J. L. bearing
 Address Clinton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76898



Name in Full

Certificate of Death

Peter Sewer

Town

County

Died at

MARYLAND

Avenue

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902 June 26

Age 82

Princ Geo. Laborer

Male

~~White~~

Married

~~Widow~~~~Married~~~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living

0

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Carcinoma

45

How long sick

Several yrs.

Death

Immediate

leukemia

~~Accident, Suicide, Homicide~~

Reported by

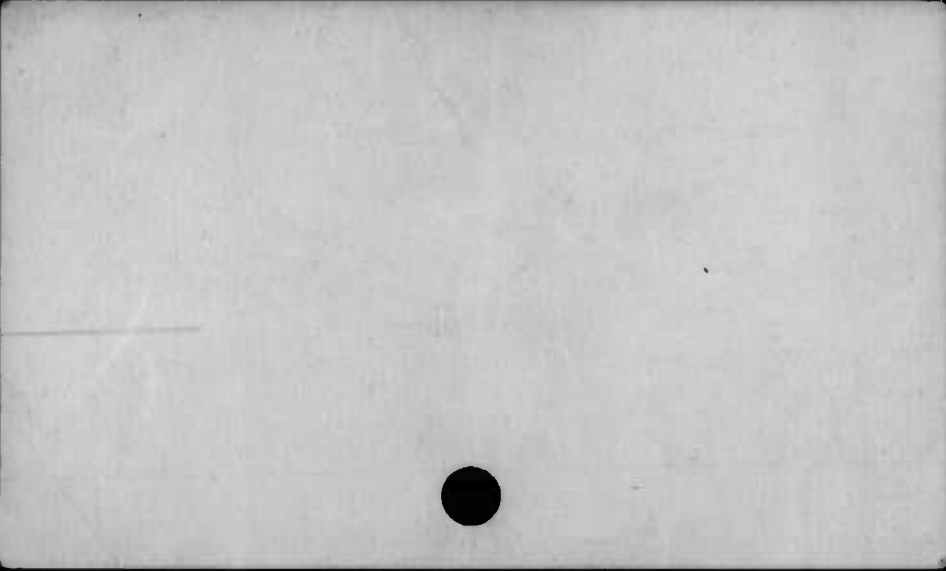
H. S. Brown

Address

Burnt Mills

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888



Name in Full

Certificate of Death

Peter Lewis

Town

County

Died at

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

June 26

Age

82

Maryland Laborer

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living

0

Husband

of

Wife

Father's

Name

Mother's

Name

40

Cause of

Primary

Carcinoma of Stomach

How long sick

Several yrs

Death

Immediate

Collapsus

~~Accident~~ ~~Suicide~~ ~~Homicide~~

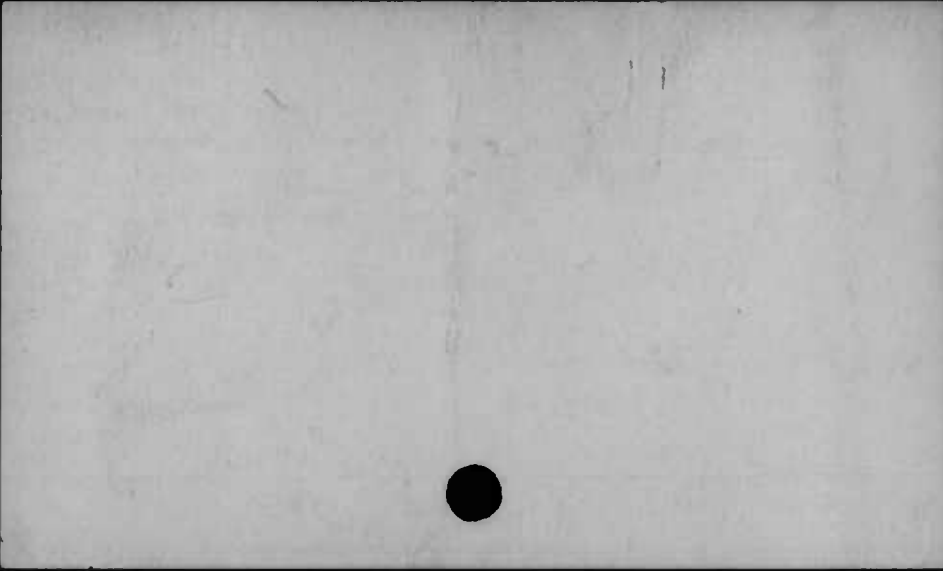
Reported by

H. T. Brown M.D.
Bunk Miles

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, CHS



Name In Full

Certificate of Death

Died at

Date 19

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age

~~Male~~

White

Married

Widow

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

MARYLAND

Mother's

Maiden Name

How long sick

Primary

Immediate

Accident, Suicide, Homicide

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7089*



Name in Full

Certificate of Death

Silliana May Mangum
 Town *Portville* County *Prince Geo.* MARYLAND

Died at

Date 1902 Month *June* Day *19* Age *4* Y. *—* M. *—* D. *—* Native of *Ma* Occupation *—*

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

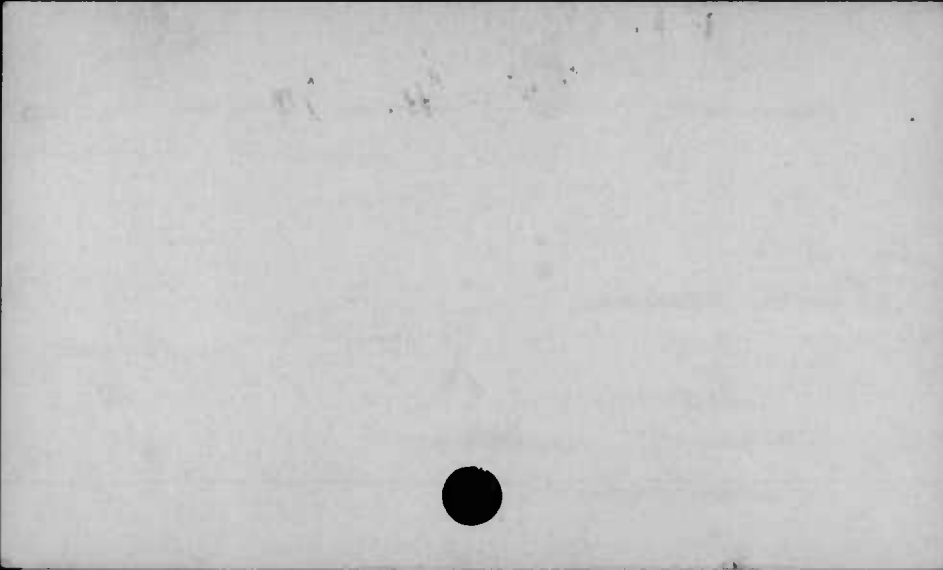
Maiden Name

Cause of Death { Primary *Whooping Cough* How long sick *3 weeks*
 Immediate *Complicated Bronchitis* Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Name in Full *Nathaniel Gunn*
 Town *Stevenson* County *Prince George* MARYLAND
 Died at
 Date 1902 Month *6* Day *13* Age *18* Y. *-* M. *-* D. *-* Native of *Maryland* Occupation *House work*
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widower ☐ Number of children living *-*

Husband
of
Wife

Father's Name *Nathaniel Gunn* Mother's Maiden Name

Cause of Death { Primary *120* How long sick *5 days*
 Immediate *Measles* Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Died at *Berwyn Prince George's* *Town* *County* *MARYLAND*

Date 19 *02 June 61* *Month* *Day* *Y.* *M.* *D.* *Native of* *Maryland* *Occupation*

Male *White* *Married* *Widow* *Disposed*

Female *Colored* *Single* *Widower* *Number of children living*

Husband of
Wife

Father's Name *James Peterson* Mother's Maiden Name *Ann Blackston*

Cause of Death { Primary *Cholera Morbus* Immediate *"* } How long sick *48 hours* Accident, Suicide, Homicide *13*

Reported by *Mother's child*

Address *Berwyn Md* *John P. Marsh* *Notary*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



A 3

Died at Woodville ^{Town} Pr. Geo ^{County} MARYLAND

Date 1902 - 6 - 9 ^{Month Day} Age 0-0-0 ^{Y. M. D.} Native of — Occupation —

Male White Married Widow Divorced —

~~Female~~ Colored Single Widower Number of children living —

Husband at
Wife

Father's Name Frederick Reeder Mother's Name Maggie Onlawey

Cause of Death { Primary Premature Birth How long sick —

Death { Immediate Still Birth Accident, Suicide, Homicide

Reported by H. Morton Bowen

Address Agnasco MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

44 Benjamin F. Richardson
 Town County

Died at Woodville Pr. Sec's MARYLAND

Date 1902 - 6 - 24 Age 75 - 00 Ind Farmer
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living three

Husband of Rebecca Phipps
 Wife
 Father's Name Ann Richardson Mother's Name Priscilla Estep
 Maiden Name

Cause of Death Primary Organic Heart Disease How long sick Two years
 Immediate Heart failure Accident, Suicide, Homicide

Reported by H. M. ...
 Address Aquasco Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Lurania Scott

Town

County

Pr Co

MARYLAND

Died at

Westwood

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

June 26

Age

38

Md

Matron

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living one.

Husband

of

Jef Scott

Wife

Father's

Name

Sam Gray

Mother's

Maiden Name

Lurina Halliday

Cause of

Primary

Consumption

How long sick

10 months

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

W. H. Gibbons, MD

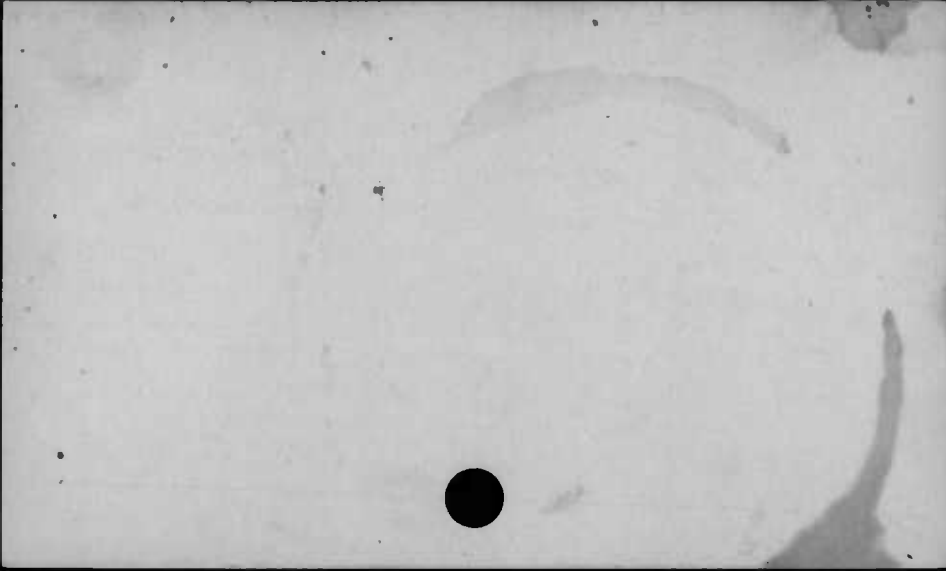
Address

Crown

J Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75858



Name in Full

Certificate of Death

Richard W. Loper

Town

County

Died at

Freestride

P. G.

MARYLAND

Date

1902 June 12

Age

17

Y. M. D.

Native of

Occupation

Wed

Laborer

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

Wife

Father's

Name

Thomas Loper

Mother's

Name

Jennie Loper

Cause of

Primary

Internal injury - 3 weeks

How long sick

Death

Immediate

Hemorrhage lungs

Accident, ~~Suicide~~, ~~Homicide~~

Reported by

Address

J. L. Loper
Clinton

H. L. Loper

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Name in Full Stewart
 Died at Chilistone Town P.G. County
 Date 1902 June 2^d Month June Day 2^d Y. 4 M. 19 D. Native of Med Occupation house
~~Male~~ White ~~Married~~ Widow ~~Divorced~~
 Female Colored Single ~~Widower~~ Number of children living

Husband of
 Wife
 Father's Name supposed to be wayman Knick Mother's Name May Stewart
 Cause of Death { Primary Unknown Immediate Unknown } How long sick Unknown
 Accident, Suicide, Homicide

Reported by family to J. L. Beasley
 Address Chilistone

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

June 1st

Age

Still born

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, ~~Suicide~~, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7697*



Name in Full

Certificate of Death

Name in Full *Mary Trumbidge*

Town *Branchville* County *Prince George* MARYLAND

Died at *Branchville* *Prince George*

Date 19*02* Month *June* Day *21* Y. M. D. *8* Native of *Ind* Occupation _____

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ Single ~~Widower~~ Number of children living _____

Husband of _____
 Wife _____

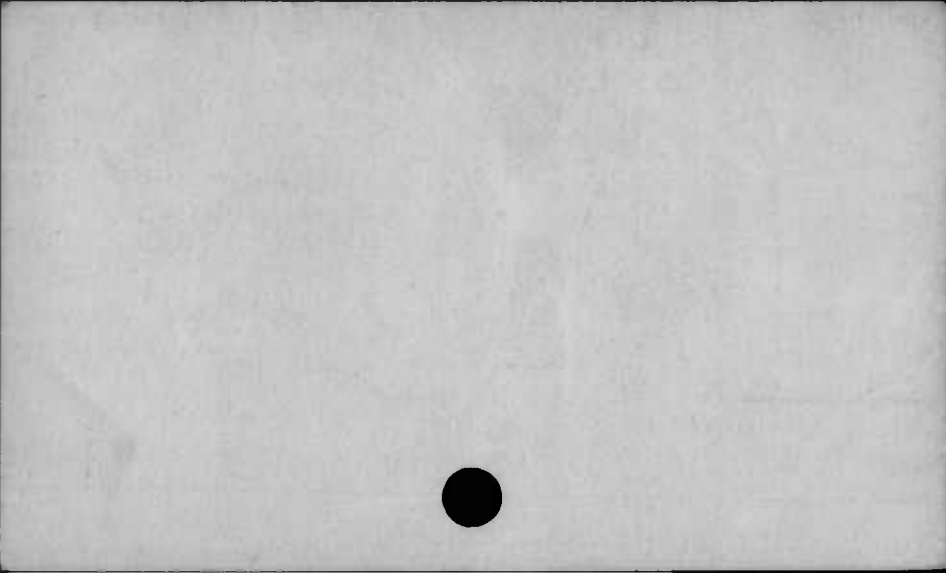
Father's Name *Harry L Trumbidge* Mother's Maiden Name *Dorothy Daugherty*

Cause of Death { Primary *Infantile convulsions* How long sick *24 hours.*
 Immediate *Heart failure* Accident, Suicide, Homicide _____

Reported by *A. H. Lee, M.D.*

Address *729 6th St. N.E. Washington D.C.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Eliza Washington

Town

County

Died at

Hancock

Prince Georges

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

6 21

Age

20 - - -

Maryland

House work

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

1

Husband
of

Wife

Father's
Name

John Washington

Mother's

Maiden Name

Julia Taylor

Cause of

Primary

Pneumonia & Syphilis

How long sick

18 mos.

Death

Immediate

Pulmonary Hemorrhage

Accident, Suicide, Homicide

Reported by

Harry Halley

Address

Piscataway

Ind. 2

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79009



Name In Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

02

June 28

Age

9

Md

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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